PET APPLICATION

CITY OF FRANKLIN
MILWAUKEE COUNTY, WISCONSIN

Tag #:
Date Issued: **********
Expires On:
Batch #: * FOR OFFICE USE ONLY *
Fee:
Penalty:
Invoice #: **********

For change of ownership, address, or death of a pet, notify:

CITY OF FRANKLIN
9229 W. LOOMIS ROAD
FRANKLIN, WI 53132

Name: _____
Type: _____
Sex: _____
Spay/Neuter: _____
Breed: _____
Color: _____

---------- Rabies Vaccination Data ----------
Number: **********
Date: * Please present a *
Expires: * signed Rabies *
Clinic: * Vaccination Card *
Certification: **********

Property Address: _____

Owner on Record:

_____
_____
_____
_____

Responsible Party

Phone #: _____